

INITIAL REPORT

**INITIAL REPORT
INSTRUCTION PAGE**

(This page is Debtor's information and instruction and should not be filed.)

Items to be included in the Initial Report:

- A. Attorney Authorization for Direct Contact (Form provided);
- B. Receipt and Certificate Concerning Operating Requirements (Form provided);
- C. Initial Report Cover Page with declaration (Form provided);
- D. A copy of the Debtor's Balance Sheet as of the date of the Order for Relief; **Label as Exhibit "1"** (See note below)
- E. A copy of the Debtor's Income Statement for the thirty (30) day period immediately preceding the Order for Relief; **Label as Exhibit "2"** (See note below)
- F. Statement concerning insurance, taxes and use of cash collateral (Form provided as Exhibit "3");
- G. A four (4) month projection from operations for period following the date of Order for Relief. (Form provided as Exhibit "4".);
- H. Execute and attach Designation and Acceptance of individual responsible for discharging Debtor's duties. (Form provided as Exhibit "5".);
- I. Execute and attach Designation and Acceptance of individual responsible for preparation of financial reports for Debtor-in-Possession. (Form provided as Exhibit "6".);
- J. Attach Debtor's § 345 Bank Account certificate. (Form provided as Exhibit "7".)
- K. Attach copies of Federal Income tax returns for the 2 years prior to the CH 11 filing.

NOTE: For items "D" & "E" - You may use the Balance Sheet and Income Statement forms provided in the Monthly Operating Report Packet or, the debtor may use their pre-bankruptcy accounting formats for the items "D" & "E" in the Initial Report; If at a minimum, the financial statements are prepared in accordance with generally accepted accounting principles.

THE INITIAL REPORT IS TO BE SUBMITTED TO THE U.S. TRUSTEE OFFICE WITHIN 10 DAYS OF THE SERVICE OF THE GUIDELINES AND REPORTING REQUIREMENTS.

**CH 11
INITIAL REPORT**

CASE NAME: _____

CASE NO: _____

INITIAL REPORT

COMES NOW, _____, Debtor-in-Possession, and hereby submits its Initial Report as shown by the attached Exhibits and containing the following, as indicated:

- _____ Attorney Authorization for Direct Contact
- _____ Debtor Receipt and Certification / Attorney Acknowledgment
- _____ Balance Sheet as of the date of the Order for Relief. Exhibit "1".
- _____ Income Statement for the thirty (30) day period immediately preceding the date of the Order for Relief. Exhibit "2".
- _____ Insurance, Tax and Cash Collateral Statements. Exhibit "3".
- _____ Four(4) month projections from operations. Exhibit "4".
- _____ Designation of individual responsible for discharging Debtor's duties. Exhibit "5".
- _____ Designation of individual responsible for Financial Reports. Exhibit "6".
- _____ Debtor's Section 345 Bank Account Certificate. Exhibit "7".
- _____ Federal Income Tax Returns for two years prior to filing

I DECLARE UNDER PENALTY OF PERJURY THAT THIS REPORT AND ATTACHMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

DEBTOR-IN-POSSESSION

DATE: _____

BY: _____

NAME: _____

TITLE: _____

ADDRESS: _____

TELEPHONE: _____



U.S. Department of Justice

Office of the United States Trustee

District of New Mexico

P.O. Box 608 87103
421 Gold SW Room 112
Albuquerque, MN 87102

505/248-6551
FAX/248-6558

TO: Counsel for Debtor

From: Office of the United States Trustee

Brenda Moody Whinery, United States Trustee

by: Ron Andazola, Assistant United States Trustee, District of New Mexico

RE: AUTHORIZATION FOR DIRECT CONTACT

CASE NAME: _____

CASE NO: _____

Regulations promulgated by the Attorney General restrict direct communication between employees of the Office of the United States Trustee and the debtor without permission of debtor's counsel.

Most communication occurring between Program employees and debtors is administrative in nature relating to the United States Trustee's statutory duty to supervise the administration of bankruptcy cases.

In order to comply with these regulations, we request that you sign an authorization which allow us to communicate directly with the debtor regarding administrative and financial matters such as insurance coverage, bank account information, monthly operating reports, quarterly fees and post-confirmation reports.

If you agree to the provisions as stated, please sign below where indicated. Return the original of this document to the U.S. Trustee Office. The authorization may be rescinded at anytime by giving us written notice of rescission.

If you do not agree, all communication with the debtor will be directed to you. If the debtor initiates any contact with us, we will advise him or her that we may communicate only with you.

ATTORNEY AUTHORIZATION FOR DIRECT CONTACT

The undersigned, as counsel for the debtor, authorizes United States Trustee personnel to communicate with the debtor and/or its designees directly in order to obtain financial information and resolve financial and administrative questions and/or issues, and to ensure compliance with various bankruptcy requirements.

Date

Counsel for Debtor

**CH 11
INITIAL REPORT**

CASE NAME: _____

CASE NUMBER: _____

**DEBTOR RECEIPT AND CERTIFICATION CONCERNING
OPERATING REQUIREMENTS**

The undersigned representative responsible for discharging the duties of the Debtor in the above and foregoing case acknowledges receipt from the United States Trustee of the Operating Guidelines and Reporting Requirements for Chapter 11 Debtor in Possession. The undersigned hereby certifies that he/she has read and understands the contents thereof and agrees to operate the Debtor's affairs and file reports in accordance with said guidelines and requirements.

Signature & Title
(Debtor)

Date

ATTORNEY ACKNOWLEDGMENT

The undersigned, as counsel for the debtor, has read and reviewed with the debtor the Operating Guidelines and Reporting Requirements for Chapter 11 Debtor in Possession.

Date

Counsel for Debtor

(ATTACH TO DEBTOR'S INITIAL REPORT)

EXHIBIT "3"

CASE NAME: _____

CASE NUMBER: _____

CHAPTER 11

STATEMENT CONCERNING INSURANCE, TAXES
AND USE OF CASH COLLATERAL

I. INSURANCE

A. Insurance is in effect and payments are current for coverage as indicated.

<u>TYPE INSURANCE</u>	<u>POLICY EXPIRATION DATE</u>
_____ Workers' Compensation	_____
_____ Unemployment Insurance	_____
_____ Casualty	_____
_____ Liability	_____
_____ Other	_____

Attached hereto are Certificates of Insurance or other proof of insurance for the above.

II. TAXES

A. **Post-petition** federal and state withholding and payroll taxes are/are not current. _____

B. Delinquencies, if any, are as follows:

FICA/MED	_____
Federal Withholding	_____
State Withholding	_____
Unemployment taxes	_____

III. CASH COLLATERAL (Attach Statement)

A. Cash collateral will/will not be necessary to fund Debtor's post-petition operations.

B. Debtor has/has not filed a request for use of cash collateral under 11 U.S.C. Sections 363 or 364.

(ATTACH TO DEBTOR'S INITIAL REPORT)

EXHIBIT "4"

CASE NAME: _____

CASE NUMBER: _____

CHAPTER 11

FOUR MONTH INCOME AND EXPENSE PROJECTION

(MONTH) (MONTH) (MONTH) (MONTH)

INCOME FROM OPERATIONS

(Indicate source categories,
i.e., rent, sales, service,
etc.)

- 1.
- 2.
- 3.

(SUBTOTAL)

TOTAL INCOME

EXPENSES

Cost of Goods Sold

Salaries

Taxes

Insurance

Rent

Other (Itemize)

- 1.
- 2.
- 3.
- 4.

(SUBTOTAL)

TOTAL EXPENSES

PROJECTED NET INCOME

<LOSS> FROM OPERATIONS

(ATTACH TO DEBTOR'S INITIAL REPORT)

EXHIBIT "5"

CASE NAME: _____

CASE NUMBER: _____

CHAPTER 11

**DESIGNATION AND ACCEPTANCE OF INDIVIDUAL
RESPONSIBLE FOR DISCHARGING DEBTOR'S DUTIES**

The Debtor-in-Possession in the above and foregoing case hereby designates _____, as provided under Bankruptcy Rule 9001(5) as the individual responsible for discharging the duties of the Debtor under 11 U.S.C section 1107 and as may be required by the Court or the United States Trustee.

DEBTOR-IN-POSSESSION

DATE: _____

BY: _____

DATE: _____

ACCEPTED BY: _____

NAME: _____

TITLE: _____

ADDRESS: _____

TELEPHONE: _____

(ATTACH TO DEBTOR'S INITIAL REPORT)

EXHIBIT "6"

CASE NAME: _____

CASE NUMBER: _____

CHAPTER 11

**DESIGNATION AND ACCEPTANCE OF INDIVIDUAL RESPONSIBLE FOR
PREPARATION OF FINANCIAL REPORTS FOR DEBTOR-IN-POSSESSION**

The Debtor-in-Possession in the above and foregoing case hereby designates _____, as the individual responsible for the preparation of all financial reports as required by the Court or the United States Trustee. Should this individual cease to be responsible for the preparation of these reports, the Debtor-in-Possession will promptly designate the new responsible individual in the same form and manner as expressed by this designation and acceptance.

DEBTOR-IN-POSSESSION

DATE: _____

BY: _____

ACCEPTED BY: _____

RESPONSIBLE INDIVIDUAL

NAME: _____

ADDRESS: _____

TELEPHONE: _____

(ATTACH TO DEBTOR'S INITIAL REPORT)

EXHIBIT "7"

CASE NAME: _____

CASE NUMBER: _____

CHAPTER 11

DEBTOR'S SECTION 345 CERTIFICATE

(See Guidelines for Additional Information)

The following information reflects a true and accurate accounting of the Debtor's bank accounts and other cash deposits in any form with any institution. It is the Debtor-in-Possession's responsibility to comply with 11 U.S.C. section 345 so that all funds of the estate are fully insured at all times and I understand three (3) separate "Debtor-in-Possession" accounts are to be maintained, a GENERAL ACCOUNT, PAYROLL ACCOUNT and TAX ACCOUNT.

The following information represents the account balances of all cash deposits as of the date of the Order of Relief:

<u>BANKING INSTITUTION</u>	<u>ACCOUNT NUMBER</u>	<u>BALANCE</u>
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The Debtor-in-Possession Bank Accounts:

(attach copy of account signature cards and voided sample of pre-printed DIP check)

<u>BANKING INSTITUTION</u>	<u>ACCOUNT</u>	<u>ACCOUNT NUMBER</u>
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(ATTACH TO DEBTOR'S INITIAL REPORT)